



DEPARTMENT OF CORRECTIONS YOUTH SERVICES DIVISION AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Full Name:	
Other names used:	
Social Security Number:	
Date of Birth:	
States lived in:	

TO WHOM IT MAY CONCERN:

I am requesting that a youth under the supervision of the Youth Community Corrections (YCC) Bureau be placed in the home in which I live. Due to this purpose, I authorize the Department of Corrections to conduct a criminal records check and background check via law enforcement agencies and/or an investigator. I also authorize an abuse, neglect or mistreatment check be completed through the Department of Public Health and Human Services. I understand that the purpose of these checks is related to the YCC Bureau making an appropriate placement decision for the youth under consideration. This authorization will be valid and effective for one year from the date signed.

Have you ever been convicted of a felony or misdemeanor offense as an adult, excluding minor traffic offenses? ☐ No ☐ Yes

If your answer is yes, please provide the following:

Offense: _____ Date: _____ Place: _____

Offense: _____ Date: _____ Place: _____

Offense: _____ Date: _____ Place: _____

(If more space is needed, please continue on another sheet of paper)

Have you ever been convicted of any domestic abuse offense, either a felony or misdemeanor?

☐ No ☐ Yes Date _____ Jurisdiction: _____

Requestor Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____